

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	NO.	DEF.	NO.	DEF.	NO.	DEF.						
1							61					
2							62					
3							63					
4							64					
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34							96					
35							97					
36							98					
37							99					
38							100					
39							TOTAL					
40							TOTAL					
41							TOTAL					
42							TOTAL					
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